



CAMPER APPLICATION FORM

Manhattan School of Music Summer Music Camp 2007

Application Deadline Postmark: Friday, December 8, 2006

Dr. Joanne Polk, Executive Director

Rebecca Charnow, Associate Director

Fax: (212) 749-5471

Summer Camp Ext. 7579

To be filled out by a parent or guardian. Please write clearly or type.

*You **MUST** have an instrument to use for the Summer Camp.*

Last Name	First Name	Middle	M/F	Instrument or Voice (specify)
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Street Address	City	State	Zip
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Area Code/Phone Number	Email Address	Date of Birth: Month /	Day /Year
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New York City Public School (Required)	Current Grade
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Father's Name	Address	Work Phone/Mobile
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Mother's Name	Address	Work Phone/Mobile
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Guardian's Name	Address	Work Phone/Mobile
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Number of years you have studied or played your instrument

This form **MUST** be signed by a parent or guardian.

By signing below, I agree that my child will enroll in Manhattan School of Music Summer Music Camp 2007 for the **full five weeks**, from July 5–August 3, 2007, and will fully participate in the main curriculum, which includes *both classroom and private instruction* which will be conducted by a fully qualified instructor assigned to my child.

Parent's Name	Signature	Date
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In accordance with the **Family Education Rights and Privacy Act of 1974**, you have the right to withhold the disclosure of any or all information including the student's name, parent's name, address, and phone